

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/914750**

FILING DA

APPLICANT(S)

CLAIMS				*	*	
	AS FILED	AFTER 1 <sup>ST</sup> AMENDMENT	AFTER 2 <sup>ND</sup> AMENDMENT	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/			51
2	/	/	/			52
3	/	/	/			53
4		3	/			54
5		3	/			55
6		3	/			56
7		1①	/			57
8			/			58
9			/			59
10			/			60
11			/			61
12			/			62
13			/			63
14			/			64
15			/			65
16			/			66
17			/			67
18			/			68
19			/			69
20			/			70
21			/			71
22			/			72
23			/			73
24			/			74
25			/			75
26			/			76
27			/			77
28			/			78
29			/			79
30			/			80
31			/			81
32			/			82
33			/			83
34			/			84
35			/			85
36			/			86
37			/			87
38			/			88
39			/			89
40			/			90
41			/			91
42			/			92
43			/			93
44			/			94
45			/			95
46			/			96
47			/			97
48			/			98
49			/			99
50			/			100
TOTAL IND.	/	↓	/	↓	↓	TOTAL IND.
TOTAL DEP.	6	↓	6	↓	↓	TOTAL DEP.
TOTAL CLAIMS	7	↓	7	↓	↓	TOTAL CLAIMS

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS